

Vermont Department of Labor

5 Green Mountain Drive

P.O. Box 189

Montpelier, VT 05601-0189

<http://www.labor.vermont.gov>**Telephone:** 877-214-3331 toll-free**Fax:** 802-828-9191**TDD:** 802-828-4203**SHORT-TIME COMPENSATION****EMPLOYER:****ATTN:****DATE:****ACCOUNT NUMBER:****YOUR STC PLAN IS APPROVED:** Original ☐Modifications ☐**YOUR PLAN NUMBER IS** _____**Please include your plan number on your weekly reports.**

- If you have not done so, please have each participant complete the Initial Claim Form (B-65 STC) to apply for STC benefits and mail to the STC Unit.
- Please insure that social security numbers and names on all forms are correct and either typewritten or printed clearly in alphabetical order, last name first.
- Weekly claim forms and weekly employer plans should be submitted to the department on Mondays or Tuesdays.
- Claim cards **cannot** be signed prior to the week ending Saturday date.
- Employers **cannot** complete the weekly claim forms for the employee. All weekly claim cards are to be completed by the participating employee, as this is their certification that the information is true and accurate.
- All employees are willing to participate in the STC plan voluntarily.
- A change in any STC plan that may be an addition or deletion of employee participants or a change in the percentage of hours worked, may require a plan modification, which needs to be approved. In such event, please call the STC Unit.
- If appropriate, participants must notify the Office of Child Support or child support deductions will be withheld from the STC unemployment benefits.

Your STC plan may be terminated prior to the scheduled completion date by notifying this office in writing. If you or the employees have any questions regarding these forms or the program, please call the Vermont Department of Labor's toll-free Employer Assistance Line at 1-877-214-3331 and ask for an STC Representative.